

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16941**
Registrar's No. **2199**

Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson,**
(b) City or town **Kansas City**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Haven Hill Apts., 708 West 47th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **no.**
In this community **Since 1921** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Don C. Graham,**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ethel S.** 6. (c) Age of husband or wife if alive **unk** years
7. Birth date of deceased **Oct 1, 1896**
(Month) (Day) (Year)

8. AGE: Years **46** Months **7** Days **9** If less than one day **hr. min.**

9. Birthplace **Ind** (City, town, or county) (State or foreign country)

10. Usual occupation **President (Flour Broker)**

11. Industry or business **Graham & Co.,**

12. Name **John Graham**

13. Birthplace **Ind** (City, town, or county) (State or foreign country)

14. Maiden name **unk**

15. Birthplace **Ind** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Don C. Graham,**

(b) Address **Haven Hill Apts., Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **5-14-43** (Month) (Day) (Year)

(c) Place: burial or cremation **cremated**

18. (a) Signature of funeral director **Stine & McClure,**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **5-12-43** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson,**
(c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
(d) Street No. **Haven Hill Apts., 708 W. 47th St.,**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **10th** year **1943** hour minute P. M.

21. I hereby certify that I attended the deceased from **Feb 18, 1938** to **5-10-43**, 19____; that I last saw h. **M.** alive on **3-19-43**, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **acute cardiac failure**

Due to **chronic heart disease**

Due to **etc**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **F. H. Hodges** (M. D. or other) **M.D.**

Address **200 Plaza Med Bldg** Date signed **5-12-43**

